

UAS BI-WEEKLY TIMESHEET

Name _____

Pay Period Ending ____/____/____

WEEK ONE	DATE	Start	Stop	Start	Stop	Start	Stop	Payroll Total	Attendance Notes
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Total Week One									

WEEK TWO	DATE	Start	Stop	Start	Stop	Start	Stop	Payroll Total	Attendance Notes
Saturday									
Sunday									
Monday									
Tuesday									
Wednesday									
Thursday									
Friday									
Total Week Two									

	Hours at Straight Rate	Hours at 1 1/2 Times Rate	Hours at 2 Times Rate	Vacation Hours	Sick Hours	Holiday Hours	Other Hours	Payroll Total
WEEK ONE	_____							
WEEK TWO	_____							
TOTAL HRS	_____							

By signing below, I certify that I have reviewed this time report and that: a) all start and stop entries are accurate, b) all hours that I worked this pay period are reported, c) all meal periods, breaks, holidays, sick days and vacation periods are recorded and d) I have noted the reason for and initialed any inaccuracies in the times reported. I agree to immediately inform the Director of Personnel and/or the CEO if anyone asks me to work "off-the-clock."

Supervisor's Signature _____ Employee's Signature _____